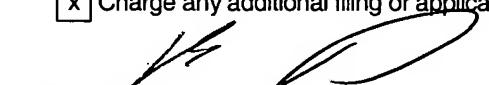




IAP12 Rec'd PCT/PTO 14 FEB 2008 IPW \$
PCT

AMENDMENT TRANSMITTAL LETTER				Docket No. SAE-0036	
Application No. 10/542,217-Conf. #6601	Filing Date July 15, 2005	Examiner R. Li	Art Unit 1646		
Applicant(s): Takao Shimizu et al.					
Invention: NOVEL LYSOPHOSPHATIDIC ACID RECEPTOR					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 20 =	0	x 50.00	0.00
Independent Claims	5	- 3 =	2	x 420.00	420.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					420.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-0013</u> in the amount of \$ <u>420.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Dated: <u>February 14, 2008</u>					
Brian K. Dutton Attorney/Agent Reg. No.: 47,255					
RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036 (202) 955-3750					
02/19/2008 LLANDGRA 00000042 180013 10542217 01 FC:1614 420.00 DA					



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(<u>\$</u>) 1,020.00
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Complete if Known	
Application Number	10/542,217-Conf. #6601
Filing Date	July 15, 2005
First Named Inventor	Takao Shimizu
Examiner Name	R. Li
Art Unit	1646
Attorney Docket No.	SAE-0036

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
15	= 0	x 0	= 0	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	= 3	x 420.00	= 420.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

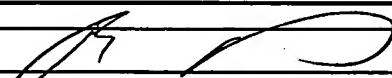
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

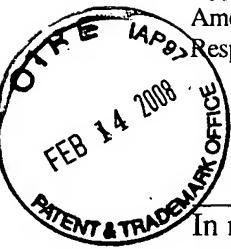
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____ 420.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	47,255	Telephone (202) 955-3750
Name (Print/Type)	Brian K. Dutton	Date	February 14, 2008	

Application No. 10/542,217
Amendment dated February 14, 2008
Response to Office Action dated November 14, 2007

Docket No.: SAE-0036



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Takao Shimizu et al.

Application No.: 10/542,217

Confirmation No.: 6601

Filed: July 15, 2005

Art Unit: 1646

For: NOVEL LYSOPHOSPHATIDIC ACID
RECEPTOR

Examiner: Ruixiang LI

RESPONSE UNDER 37 C.F.R. 111

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to an office action mailed November 14, 2007, please amend the above-identified U.S. patent application and reconsider based on the enclosed remarks. Payment is made for two extra independent claims. Because this response is filed prior to a 3 month set deadline, extension of time fees are not owed. However, please charge any payment shortcomings to Deposit Account No. 18-0013.

Claim Amendments begin on page 2.

Remarks begin on page 5.